

Summary of Data Sources

Behavior Risk Factor Surveillance System (BRFSS)

Surveillance is the essential underpinning for all efforts by the Centers for Disease Control and Prevention (CDC) and the states to promote health and prevent disease. Surveillance is the tool that provides the necessary data to define the disease burden, identify populations at highest risk, determine the prevalence of health risks, and guide and evaluate disease prevention efforts at the national, state, and local levels.

In the early 1980s, CDC worked with the states to develop the Behavioral Risk Factor Surveillance System (BRFSS). This state-based system, the first of its kind, made available information on the prevalence of risk behaviors among Americans and their perceptions of a variety of health issues. Now active in 50 states, the BRFSS continues to be the primary source of information on major health risk behaviors among Americans. State and local health departments rely heavily on BRFSS data to address urgent and emerging health issues. The BRFSS is flexible enough to satisfy individual state needs while also meeting information needs at the national level. BRFSS data can be analyzed by a variety of demographic variables, including age, education, income, gender and racial and ethnic background. States can also add to the survey questions of special local interest. Although the BRFSS is flexible and allows for timely additions, standard core questions enable health professionals to make comparisons between states and derive national level conclusions. For more information on Maine's BRFSS, please contact Doreen Maines at the Maine Bureau of Health at (207) 287-3268.

Cancer Registry

The Maine Cancer Registry is funded jointly by the Centers for Disease Control and the State of Maine General Fund. The primary goal of this program is to achieve complete, accurate, and timely reporting of all cancers within the State in order to facilitate cancer prevention and control. Activities include: 1) collecting statewide cancer incidence and mortality data; 2) identifying cancer trends among Maine's citizens; and 3) responding to queries and data requests from researchers, other agencies and the public. For more information on the Cancer Registry, please contact Dr. Margaret Parsons, Maine Bureau of Health, Cancer Registry at (207) 287-5196

Infectious Disease Data: Sources and Reporting Requirements

Infectious disease reporting requirements are established by statute. Currently, Maine licensed health care providers and facilities are required to report approximately 50 diseases to surveillance professionals within the Bureau of Health's Division of Disease Control. Data required to be reported includes such core data elements as: disease, onset, testing, and diagnosis dates, and basic identifying information such as name, age, sex, address and occupation. Depending upon the disease and the circumstances surrounding the case report, the disease report may trigger further investigation, identification of others at-risk for or infected with the disease, and, ultimately, assure that infectious disease outbreaks are prevented or limited. Stringent protection of the confidentiality of disease reports and the resulting records and databases is required by law. Data are stored in secure locations within the Division.

Each week, Maine's reportable infectious disease data are stripped of personal identifying information, aggregated and transmitted to the Centers for Disease Control and Prevention (CDC). There they are incorporated into the national data base of some 40 infectious diseases which are monitored and reported weekly in the CDC's *Morbidity and Mortality Weekly Report*. This reporting network and database form the foundation for guiding national infectious disease prevention and control efforts. For more information, please contact Paul Kuehnert, Maine Bureau of Health, Division of Disease Control at (207) 287-5179.

Summary of Data Sources

National Center for Health Statistics (NCHS)

The National Center for Health Statistics (NCHS) is a part of the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. NCHS is the Federal Government's principal vital and health statistics agency. NCHS works closely with other Federal agencies as well as researchers and academic institutions to meet priority public health data needs.

NCHS data systems include data on vital events as well as information on health status, lifestyle and exposure to unhealthy influences, the onset and diagnosis of illness and disability, and the use of health care. These data are used by policy-makers in Congress and the Administration, by medical researchers, state and local governments, and others in the health community.

National Immunization Survey (NIS)

The National Immunization Survey (NIS) is an ongoing, national telephone survey of households with children 19-35 months of age. The NIS is conducted under the direct supervision of the National Immunization Program of the Centers for Disease Control and Prevention (CDC). It uses a two-step approach. First, utilizing random-digit-dialing, an appropriate sized, random, stratified sample of households with age-appropriate children from all 50 states and 28 urban areas is selected. Phone interviews are then conducted eliciting vaccination histories on each of the children in the household, along with demographic and immunization-provider information. Next, follow-up mail-surveys are sent directly to each household's identified vaccination-provider. The providers are asked to confirm and supplement, as appropriate, the vaccination histories provided. For more information on the ways in which Maine uses NIS data, please contact Paul Kuehnert, Maine Bureau of Health, Division of Disease Control at (207) 287-5179.

Office of Data, Research, and Vital Statistics (ODRVS)

The Office of Data, Research and Vital Statistics (ODRVS) is located within the Bureau of Health's Office of Health Data and Program Management. The ODRVS administers Maine's vital statistics system, providing quantitative information for surveillance, planning, policy development, program management and evaluation. The Office also produces detailed population estimates for use within and outside the Department of Human Services and compiles data on health status and health resources. These functions are accomplished through the development and implementation of data collection, data processing and analytical activities. In addition, the Office provides technical assistance and consultation on survey procedures and statistical analysis to other agencies in the Department of Human Services.

The Office is comprised of two units: Statistical Services and Survey Operations. Together, these units collect and maintain Maine's vital statistics, which include data on births, deaths, induced abortions, and fetal deaths. The ODRVS conducts a survey of new mothers through the Pregnancy Risk Assessment Monitoring System (PRAMS), and also surveys physicians, dentists, and nurses. Data from all these sources are compiled, analyzed and reported on a regular basis as well as in response to special requests from researchers, other state agencies, private organizations, the Legislature, and the general public. For more information on the ways in which Maine uses ODRVS data, please contact Don Lemieux, Maine Bureau of Health, Office of Data, Research, and Vital Statistics at (207) 624-5468.

Summary of Data Sources

Pregnancy Risk Assessment Monitoring System (PRAMS)

Maine is one of sixteen states currently participating in the Pregnancy Risk Assessment Monitoring System (PRAMS). The PRAMS is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population based data on maternal attitudes and experiences prior to, during, and immediately following pregnancy. PRAMS was initiated in 1987 because infant mortality rates were no longer declining as rapidly as they had in previous years. In addition, the incidence of low birth weight infants had changed little in the previous 20 years. Research has indicated that maternal behaviors during pregnancy may influence infant birth weight and mortality rates. The goal of the PRAMS project is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity. PRAMS provides state-specific data for planning and assessing health programs and for describing maternal experiences that may contribute to maternal and child health. PRAMS provides data for state health officials to use to improve the health of mothers and infants. The PRAMS sample is chosen from all women who had a live birth recently, so findings can be applied to the state's entire population of women who have recently delivered a liveborn infant. This sample is drawn from the state's birth certificate file. Maine samples approximately 2,000 women each year. Data collection procedures and instruments are standardized to allow comparison between states. For more information on Maine PRAMS, please contact Marty Henson, Maine Bureau of Health, Office of Data, Research, and Vital Statistics at (207) 624-5456.

Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Surveillance System was developed by the Centers for Disease Control and Prevention (CDC) in collaboration with federal, state, and private sector partners. This is a voluntary system and includes a national survey as well as surveys conducted by state and local education agencies. Previously, information was lacking about the prevalence of risky behaviors practiced by young people that put their health at risk. The YRBSS provides vital information on risky behaviors among young people to more effectively target and improve health programs. CDC provides funding and technical support to states and major cities to conduct a Youth Risk Behavior Survey (YRBS). In addition to assisting states, CDC conducts national surveys every two years to produce data representative of students in grades 9-12 in both the private and public schools in the 50 states and the District of Columbia. The 1997 survey included more than 16,000 respondents. With support from CDC, the State of Maine's Department of Human Services' Bureau of Health works collaboratively with the Maine Department of Education to administer the YRBS every two years. Youth Risk Behavior Surveys were conducted in Maine for years 1993, 1995, 1997, and 1999. Years 1995 and 1997 included young people in grades 9-12. The 1999 YRBS, also included young people in grades 6-8. The average sample size was 2,200. For more information on Maine's YRBSS, please contact the Maine Department of Education.